

PART B—ISSUE FEE TRANSMITTAL

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1. CORRESPONDENCE ADDRESS		FAM1/11/94	
RICHARD A WISE HAMILTON BROOK SMITH & REYNOLDS TWO MILITIA DRIVE LEXINGTON MA 02173		2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)	
		INVENTOR'S NAME	
		Street Address	
		City, State and Zip Code	
		CO-INVENTOR'S NAME	
		Street Address	
		City, State and Zip Code	
		<input type="checkbox"/> Check if additional changes are enclosed	

APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
08/371,089	01/10/95	019	MULLEN, T	11/04/96
First Named Applicant	GARGANO, PAUL A.			
TITLE OF INVENTION	PERSONAL TRACKING AND RECOVERY SYSTEM			



ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
GAR94-01	340-373.000	610	UTILITY	YES	\$645.00	02/04/97

3. Correspondence address change (Complete only if there is a change)	4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR, alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.	HAMILTON, BROOK, SMITH & REYNOLDS, P.C.
		1
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5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)		6a. The following fees are enclosed:	
(1) NAME OF ASSIGNEE: Paul A. Gargano		<input checked="" type="checkbox"/> Issue Fee <input checked="" type="checkbox"/> Advance Order - # of Copies 15	
(2) ADDRESS: (CITY & STATE OR COUNTRY) Belmont, Massachusetts		6b. The following fees should be charged to:	
		DEPOSIT ACCOUNT NUMBER	
		(ENCLOSE A COPY OF THIS FORM)	
		<input type="checkbox"/> Issue Fee <input type="checkbox"/> Advance Order - # of Copies	
		<input checked="" type="checkbox"/> Any Deficiencies in Enclosed Fees	
A. <input type="checkbox"/> This application is NOT assigned.		The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.	
<input checked="" type="checkbox"/> Assignment previously submitted to the Patent and Trademark Office.		(Authorized Signature) _____ (Date) _____	
<input type="checkbox"/> Assignment is being submitted under separate cover. Assignment should be directed to Box ASSIGNMENTS.		NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.	
PLEASE NOTE: Unless an assignee is identified in Block 5, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.			

Certificate of Mailing

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I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: **Box ISSUE FEE**
Assistant Commissioner for Patents
Washington, D.C. 20231

January 15, 1997 (Date)
Elizabeth A. Sullivan (Name of person making deposit)
Elizabeth A. Sullivan (Signature)
January 15, 1997 (Date)